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# Report of the Regional Conference of Parliamentarians on HIV/AIDS and Mental Health

*New Delhi, India, 19-21 December 2001*



World Health Organization  
Regional Office for South-East Asia  
New Delhi  
January 2002



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Project No: ICP DGO 001



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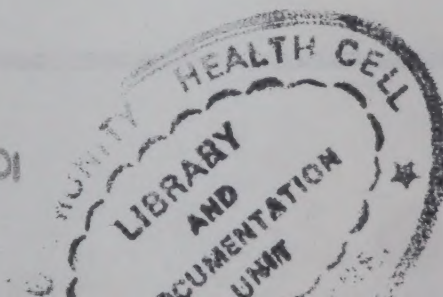
New Delhi, India 19-21 December 2001

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## **1. INTRODUCTION**

The Regional Conference of Parliamentarians on HIV/AIDS and Mental Health was held in New Delhi, India, from 19-21 December 2001. It was inaugurated by H E Dr C P Thakur, Hon'ble Minister of Health and Family Welfare, Government of India.

The Conference was hosted by the Ministry of Health and Family Welfare, Government of India, with the support of the South-East Asia Regional Office of the World Health Organization (WHO-SEARO). It was the seventh in the series of regional conferences of parliamentarians, organized since 1996, on important health issues with focus on the poor, vulnerable and the marginalized in the perspective of sustainable development.

Parliamentarians from Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal and Thailand participated in the Conference. Ministers of Health of the Indian states of Andhra Pradesh, Karnataka and Tamil Nadu, which have a heavy burden of HIV/AIDS, also participated in the Conference. The Minister (Public Health) Family Welfare and Medical Education Departments, Government of Maharashtra, was also duly represented.

## **2. INAUGURAL AND INTRODUCTORY SESSIONS**

Ag. Regional Director, Mrs Poonam Khetrapal Singh delivered the welcome address on behalf of the Regional Director, WHO-SEARO at the inaugural session. An account of the achievements in health and the unfinished agenda were outlined. It was pointed out that the growing international recognition of the centrality of health to all development is a very promising trend, which would help in facing the daunting challenges. A special mention was made of the report of the Commission on Macroeconomics and Health set up by the Director-General of WHO to highlight the economic links between health and poverty reduction. The report highlighted the evidence to show that extension of crucial health services to the poor could save millions of lives, reduce poverty, spur economic development and promote global security.



It was stressed that the governments of the countries of WHO South-East Asia Region must take full advantage of this changed scenario for the health of their people. The rationale for the twin themes of the Conference was also explained and it was hoped that the Conference would further strengthen the partnership with the people's representatives towards improving the health and wellbeing of the population, which requires intersectoral planning and action. The important role that can be played by Members of Parliament was noted: they shape policies and programmes across all sectors, many of which impact on health. Being people's representatives, they understand well the needs of the people and are best equipped to propose practical solutions to address their problems.

Inaugurating the Regional Conference, Dr C P Thakur, Minister of Health and Family Welfare, Government of India, emphasized that the focus of his ministry is to provide health care for all, particularly the poor and the unreachable.

He expressed concern that the HIV/AIDS threat has the potential to destroy the country in a few years if we are not committed to routing out this scourge. With 3.86 million HIV positive cases, the country has put HIV/AIDS on top of the government's agenda. The focus of control is on prevention through awareness and education. Recent initiatives include setting up of voluntary counselling and testing centres and arrangements for treatment to prevent mother to child transmission. Blood bank facilities have also been upgraded.

On mental health, Dr Thakur said that India was well prepared to implement the ten main recommendations of the World Health Report 2001 relating to the provision of treatment in primary care within the community, ensuring the availability of psychotropic drugs and educating the public. He said India was the first country to recognize the need to integrate mental health services with general health care at the primary level. The existing district mental health programme aims at reaching the community. It was planned to strengthen the department of psychiatry in medical colleges and modernize mental hospitals in the future. More importantly, he said, destigmatization of mental illness through education will be a major thrust of the national programme.



According to Mr Javid A Chowdhury, Secretary, Ministry of Health and Family Welfare, Government of India, the people's representatives provided an essential link between government programmes and the citizens. He said that in India, the states, where the people's empowerment processes under the Panchayati Raj institutions are working successfully, had demonstrated their ability to demand and ensure better health care facilities for the people.

He said health issues like HIV/AIDS and stigma against mental illness needed sensitive handling and could best be dealt with by NGOs and elected representatives rather than through departmental approaches. Mr Chowdhury urged the Members of Parliament to recognize the immense power they wielded and to use it to establish a bridge between programmes and people.

Dr S P Agarwal, Director-General of Health Services, Government of India, proposed the vote of thanks.

After the **inaugural session**, the **introductory session** commenced with Mrs Poonam Khetrapal Singh, Ag. Regional Director, WHO-SEARO, in the chair. Mrs Singh recalled the objectives and expected results of the Conference. It was noted that the objectives included enhancement of evidence-based knowledge and awareness of the people's representatives on HIV/AIDS and mental health, scaling up of budgetary allocations, mobilization of resources and wider intersectoral support for combating these problems.

H E Dr C P Thakur, Minister of Health and Family Welfare of India, was elected the Chairman of the Conference. However, the proceedings of the Conference were conducted by the Co-Chairman, Dr Sayed Abdullah Md Taher, Member of Parliament from Bangladesh, as H.E. Dr C P Thakur was pre-occupied with the ongoing parliament session.

A drafting group, comprising parliamentarians from all participating countries, was set up to draft the report of the Conference. Ms Mabel Rebello was unanimously requested to be the convenor of the drafting group.

The agenda and programme of the Conference were duly adopted.



### **3. PRESENTATIONS ON HIV/AIDS AND MENTAL HEALTH**

The gist of the presentations, ensuing discussions and main recommendations on the agenda items are given below:

#### **3.1 HIV/AIDS**

##### ***Presentation***

The global magnitude of the HIV/AIDS problem, the lessons learnt so far in responding to HIV/AIDS, and the strategies needed in the new millennium were highlighted during the presentation.

HIV/AIDS is considered today as an unprecedented health and developmental threat globally. According to WHO/UNAIDS, as of December 2001, worldwide, 40 million people are presently living with AIDS and an additional 20 million have already died.

While the first HIV case was reported in SEAR in 1984, the epidemic has been spreading rapidly. Presently, more than 5 million people in the Region are infected with HIV. While the epidemic is at a relatively advanced stage in a few countries, the vulnerabilities and the risk behaviours which promote HIV transmission, are present in all the countries. The epidemic is highly dynamic and evolving and is likely to have major health and economic impact in the future. In many areas, HIV is fueling the parallel epidemic of tuberculosis.

Fortunately, however, the knowledge and tools to prevent HIV/AIDS are available. These include promoting safe sex and injecting behaviour, early diagnosis and management of sexually-transmitted infections, ensuring accessibility to good quality condoms and providing safe blood for transfusion.

Several conclusions can be drawn on the basis of the experience gained in combating HIV over the last two decades. For example, countries which showed high political commitment, leadership and provided adequate resources have now made the maximum impact in their HIV/AIDS prevention control programmes, and have succeeded in arresting the spread of the epidemics.



All sectors of society, including various government sectors, NGOs, community-based organizations and the communities have a critical role to play in strengthening prevention interventions.

Strengthening of health infrastructure including STI management, ensuring safe blood, preventing mother-to-child transmission and provision of care and support for those living with HIV/AIDS is important for effective health sector response.

Stigma and discrimination are counterproductive: instead, we need an enabling social environment for HIV prevention and care.

Finally, continued advocacy for enhanced political commitment and support, mobilization of partnerships across various sectors, inter-country collaboration and sharing of country experiences, ensuring access to new HIV drugs and building national capacities are the major priorities for the years ahead.

### ***Discussion Points***

The parliamentarians expressed grave concern about the HIV/AIDS situation unfolding in the countries of the Region and the impact it would have on the health of people and the economic development of nations.

It was stressed that the national programmes should focus on HIV prevention as a matter of priority since the HIV/AIDS epidemic was still at an early stage.

At the same time, all efforts should be made by the governments to enhance access to HIV antiretroviral drugs at affordable prices in their respective countries.

These efforts should be supplemented by WHO through dialogue with WTO and negotiations with the pharmaceutical industry – both multinational and generic.

Given the chronic nature of the disease and the requirement for prolonged treatment and care and accompanying high cost of treatment, a system of health insurance addressing the special needs of the people living with HIV/AIDS should be developed and promoted.



Intercountry collaboration and exchange of country experiences in relation to HIV prevention and care are necessary. There is a need to generate better surveillance data and to "speak truthfully" regarding the HIV/AIDS situation, as was done by Thailand from the beginning of the epidemic there.

It was also stressed that the parliamentarians have a critical role to play in articulating the problem of HIV/AIDS in the Region and its potential health and economic impact and the need for political commitment and allocation of adequate resources.

### ***Recommendations***

- (1) Governments should accord a very high priority to HIV/AIDS prevention and care and ensure strong political commitment and adequate financial allocations to fight HIV/AIDS in a sustained manner.
- (2) Since HIV/AIDS is still at an early stage in most countries, community-based prevention programmes among populations with high-risk behaviour as well as the general population should be strengthened.
- (3) Member Countries in collaboration with WHO, which would coordinate negotiations with WTO and the pharmaceutical industry, strive hard to increase accessibility and affordability of antiretroviral drugs and care services for people living with HIV/AIDS. Special emphasis should be laid on the use of these drugs for prevention of HIV transmission from mother to child.
- (4) A regional mechanism should be established to ensure ongoing exchange of country experiences and lessons learnt among the parliamentarians of the SEA Region.
- (5) Parliamentarians should set up a task force in each country to provide a forum to the law-makers to articulate their concern regarding the HIV/AIDS epidemic and to mobilize support from the Governments, NGOs, international agencies and development partners, private sector as well as the community in combating HIV/AIDS.
- (6) Parliamentarians should take a lead in establishing effective and rational policies and strategies in their countries and in making the AIDS programme a people-oriented programme. Such programmes should ensure that there is no stigma and discrimination against people living with HIV/AIDS.



## **3.2 Mental Health**

- (a) World Health Report 2001 – Mental Health:  
New Understanding, New Hope, and**
- (b) Development of Community Mental Health Services  
in SEAR Countries**

### ***Presentations***

WHO defines health as “a state of complete physical, mental and social well-being and *not* merely the absence of disease or infirmity”. Mental health addresses mental and neurological disorders, psychosocial problems, such as those related to alcohol and drug abuse, and how behaviour affects diseases, such as high-risk behaviour, predisposing people to certain illnesses.

World Health Report 2001 aims to raise public and professional awareness of the real burden of mental disorders and their costs in human, social and economic terms. At the same time, it intends to help dismantle many of those barriers-particularly of stigma, discrimination and inadequate services-which prevent many millions of people worldwide from receiving the treatment they need and deserve.

In many ways, the World Health Report 2001(WHR 2001) provides a new understanding of mental disorders that offers new hope to the mentally ill and their families in all countries and all societies. It is a comprehensive review of what is known about the current and future burden of mental disorders and the principal contributing factors. It also examines the scope of prevention and the availability of, and obstacles to, treatment. It deals in detail with service provision and planning; and it concludes with a set of far-reaching recommendations that can be adapted by every country according to the needs and resources.

Mental disorders are caused by a complex interaction between genetic, biological, psychological and sociocultural factors.

Although mental disorders may not cause death immediately, they cause substantial suffering to those affected and their families, which can last for



years or even life-long. Worldwide, about 450 million people are affected by various mental and neurological disorders, including disorders caused by alcohol and drug abuse. As per the WHO 2000 estimates, six of the twenty leading causes of disability adjusted life years are neuropsychiatric disorders in the 15-44 years age groups. These are unipolar depressive disorders, alcohol use disorders, self-inflicted injuries, schizophrenia, bipolar affective disorder and panic disorder.

The situation is serious in the Member countries of South-East Asia. Sri Lanka has the seventh highest rate of suicide in the world. There are about eight to ten million people with epilepsy in India. Mental retardation affects about two per cent of the population in Member Countries.

Mental and neurological disorders have a significant social impact on people affected due to the stigma associated with these disorders, rejection, denial of equal opportunities, humiliation and isolation. Persons with mental disorders are at a high risk of human rights violation. There is a significant economic impact due to high cost of treatment, indirect cost due to loss of productivity and a lack of social security network.

Unfortunately, mental health receives very low priority in national plans and consequently, low allocation of budgets. The main barriers to the development of mental health services include: low priority in terms of policy, programmes and budget; lack of mental health legislation in countries; shortage of qualified manpower; rampant poverty particularly in rural areas; stigma against those affected by mental disorders; gender bias against women and myths and misconceptions about mental disorders.

### ***Discussion Points***

The scarcity of qualified manpower in the areas of mental health and neurosciences in the countries of the Region was highlighted. The need for human resource development of psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses to support the mental health programme is very vital for addressing the growing numbers of mental disorders. At the same time, there was general agreement on developing the skills of available manpower, other than psychiatrists and neurologists, to meet the mental health needs of the population. General physicians with adequate



training can care for a substantial proportion of mental and neurological disorders. With adequate training, health workers can identify, refer and follow-up patients with mental and neurological illnesses.

The shortage of professional manpower is felt most acutely in rural and remote areas, where the persons affected are completely deprived of even basic care. The Regional Office project to provide basic minimum neuropsychiatric services to rural and marginalized population was one of the methods to reach out to the population. Some delegates gave examples of successful programmes in which faith healers and health workers played an important role.

The efforts being made in some countries to upgrade and develop appropriate legislation, which will protect the rights and promote welfare of the mentally ill patients, were shared.

Great concern at the rampant abuse of narcotics and alcohol was expressed along with a strong interest in developing programme to combat this epidemic. The approach of community well-being to promote good health within the context of overall development was emphasized. Adolescents are a vulnerable age group which is most seriously affected by narcotic abuse and therefore special programmes dealing with their mental health should be promoted. In this context, the SEARO Adolescent Mental Health Programme was explained.

The issue of morbidity and stigma from epilepsy was raised. There was great interest in providing optimum antenatal and perinatal care which would reduce the risk of both epilepsy and mental retardation. The availability and cost of appropriate medication were matters of great concern.

The impact of globalization on mental health, particularly of the vulnerable population groups in developing countries, needs to be properly studied in order to come out with appropriate remedial measures. These are associated with loss of employment and employment opportunities, changing family structures, migration from rural to urban areas etc. It was recognized that globalization is usually associated with specific mental health disorders and behavioural problems such as suicide, drug abuse and depression.

The development of community resources to take care of persons with mental disorders in the community, rather than putting them in hospitals, was regarded very feasible. This requires significant reorientation in the thinking of



the roles of family, community and employers. Moreover, medical care to the patients would have to be provided in the community. Medical insurance programme should cover mental disorders on the same lines as physical disorders.

### ***Recommendations***

- (1) Today, mental health does not receive the priority or the resources that are needed. Therefore, national and sub-national health policies should be developed to address issues related to mental health: the recommendations of World Health Report 2001 provides the framework for the development of national policies and programmes.
- (2) Member Countries should consider adopting the recent advances in mental health treatment, care and rehabilitation which emphasize the role of the family and the community and develop programmes to support them. As these services are developed, mental health hospital beds may gradually be shifted to general hospital psychiatric beds.
- (3) There is a need to share mental health information with the general public and families of persons with mental disorders. Efforts need to be directed towards rebuilding of community structures to promote social cohesion and support.
- (4) There is a great scarcity of trained manpower in the areas of mental health and neurosciences. Training programmes for general physicians and all doctors need to be developed and implemented on a large scale. Training for community health workers and other community health providers should also be considered.
- (5) Governments need to address the issue of price, supply and distribution to ensure that drugs for treating mental and neurological disorders reach the people. WHO guidelines for diagnosis of these disorders and the use of medicines should be developed and widely disseminated.
- (6) Medical insurance programmes/schemes should be developed to appropriately cover mental disorders on the same lines as physical disorders.
- (7) It is important for governments to enact and review legislations to support community- based mental health care as well as upgrade mental health referral institutions.



- (8) Social and cultural factors have a major role in mental and neurological disorders in causation, treatment and rehabilitation. Research investments should be enhanced by strengthening the national and regional efforts.
- (9) Mental health has to be seen from the intersectoral perspective as other sectors such as education, welfare, criminal justice system, housing and labour can benefit from mental health interventions as well as contribute to mental health care.
- (10) A regional mechanism should be established to ensure ongoing exchange of country experiences and lessons learnt among the parliamentarians of the SEA Region.
- (11) Parliamentarians in each country should set up a task force to provide a forum to the law-makers to articulate their concerns on mental health and mobilize support from the Governments, NGOs, international agencies and development partners, private sector as well as the community in combating mental disorders.

#### **4. ADOPTION OF THE REPORT OF THE CONFERENCE**

After due deliberations, the report of the Conference, as contained in this document, was unanimously adopted.

#### **5. CLOSING SESSION**

The Deputy Regional Director, Mrs Poonam Khetrpal Singh, thanked the Hon'ble parliamentarians for their participation in the Conference and congratulated them on its success.

She said that the inspiring inaugural address of the Hon'ble Minister of Health and Family Welfare had set the tone of the Conference and provided the broad guidelines for its deliberations. She observed that the success of the Conference owed much to the wisdom with which Dr Sayed Abdullah Md Taher, the Hon'ble MP from Bangladesh, chaired it.



She congratulated the drafting group for preparing an excellent document which was unanimously adopted. The role of the national authorities in preparing for the Conference was duly acknowledged and the response of the media was appreciated. Mrs Singh also thanked the host government for the hospitality extended by it.

She requested the MPs to widely disseminate the message emanating from the Conference in order to create an environment for the implementation of their recommendations.

Dr Sayed Abdullah Md Taher, the Hon'ble MP from Bangladesh, who chaired this as also the preceding sessions, said that the themes of the Conference were very opportune and acknowledged the cooperation extended by all for the smooth conduct of the meeting. He also appreciated the resource persons for their excellent presentations which resulted in stimulating discussions.

He reminded the parliamentarians of their responsibility to translate the recommendations into reality and expressed his faith that the distinguished participants would spare no efforts to disseminate the messages emanating from this Conference to their colleagues as also to the policy and decision-makers in their respective governments.

He urged the participants to ensure that due action is taken by their governments on their recommendations through the mechanisms of National Commissions on Health or Parliamentary Committees of the Ministries of Health. This would also involve actions by ministries other than the Ministry of Health, and the cooperation of others such as the private sector, NGOs, UN and donor agencies and development partners in order to achieve the desired results. Therefore, the need for inter-sectoral action and partnership among all concerned was emphasized.

He expressed his hope that the distinguished participants enjoyed their stay in Delhi and congratulated all the participants on the successful conclusion of the Conference.

Thereafter, the chairman declared the Regional Conference of Parliamentarians on HIV/AIDS and Mental Health as closed.



## **Annex 1**

### **AGENDA**

1. Inauguration
2. Introductory Session
3. **HIV/AIDS**
4. **Mental Health**
  - (a) World Health Report 2001 - Mental Health:  
New Understanding, New Hope
  - (b) Development of Community Mental Health Services in  
SEAR Countries
5. Field Visit
6. Adoption of the Report of the Conference
7. Closing Session

## **Annex 2**

### **LIST OF PARTICIPANTS**

#### **BANGLADESH**

Dr Dewan Md Salahuddin, MP  
Constituency No. Dhaka-12

Dr Ziaul Haque Mollah, MP  
Constituency No. Bogra-4

Advocate Md Nadim Mostafa, MP  
Constituency No. Rajshahi-4

Dr Sayed Abdullah Md Taher, MP  
Constituency No. Comilla-12

Mr Hafizuddin Ahmad, MP  
Constituency No. Thakurgaon-3

Mr Md Habibul Islam Habib, MP  
Constituency No. Sarkhira-1

#### **BHUTAN**

Dasho Sangay Dorji  
People's Representative for Shemgang District

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#### **DPR KOREA**

Dr Mun Sang Min  
General Manager  
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Mr Ju Hyon Ik  
Interpreter

#### **INDIA**

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Union Minister of Health and Family Welfare  
Government of India  
New Delhi

H.E. Shri S. Semmalai  
Minister of Health and Family Welfare  
Govt. of Tamil Nadu  
Chennai

H.E. Dr N. Janardhan Reddy  
Minister for Health & Family Welfare  
Govt. of Andhra Pradesh  
Hyderabad

H.E. Dr A.B. Malaka Reddy  
Health Minister  
Government of Karnataka  
Bangalore

Shri Kirit Somaiyya  
Member of Parliament  
Lok Sabha  
New Delhi

Dr Suguna Kumari  
Member of Parliament  
Lok Sabha  
New Delhi

Ms Mabel Rebello  
Member of Parliament  
Rajya Sabha  
New Delhi



Dr P.N. Shinde  
Joint Director (AIDS)  
Maharashtra State AIDS Control Society  
Bombay

Mr Anil Kumar  
Additional Private Secretary to the  
Minister of Health and Family Welfare  
Government of India  
New Delhi

## **INDONESIA**

Mr H. Ahmad Sanoesi, T.  
Vice Chairman  
Commission VII  
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Prof. Dr Pandapotan S.  
Member  
Commission VII  
DPR-RI, Jakarta

Dr (Mrs) Mariani Akib B.  
Member  
Commission VII  
DPR-RI, Jakarta

Mrs Nurdahri Ibrahim, N.  
Member  
Commission VII  
DPR-RI, Jakarta

Mr Ahmad Mubasyir Mahfud  
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Commission VII  
DPR-RI, Jakarta

## **MALDIVES**

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Gnaviyani Atoll Member  
Male

## **MYANMAR**

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Medical Superintendent  
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Dr Thu Ta  
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Mandalay General Hospital

## **NEPAL**

Mr Tek Bahadur Chokhyal, MP  
Nepali Congress

Mr Narendra Bahadur Bam, MP  
Nepali Congress  
Chairman  
Population and Social Committee of Parliament

Mrs Kashi Poudel, MP  
Nepali Congress

Mr Yadav Bahadur Rayamajhi, MP  
United Marxist-Leninist Party

Mrs Ashtha Laxmi Shakya, MP  
United Marxist-Leninist Party

Mrs Renu Yadav, MP  
Rastriya Prajatantra Party

Mr Dila Ram Acharya, MP  
Rastriya Janamorcha

Mr Arjun Bahadur Singh  
Senior Public Health Administrator  
Ministry of Health  
Kathmandu

## **THAILAND**

Mr Pitak Santiwongdecha  
Spokesman of the Committee of Public Health  
The Senate of Thailand

Mrs Pornpich Patanakullert  
Senate Standing Committee on Public Health  
The Senate of Thailand

Ms Nuntana Kruehongse  
Specialist to the Committee  
Public Health Committee  
The Senate of Thailand

Mr Chit Charoonprasert  
Member of the Senate  
Public Health Committee  
The Senate of Thailand

Dr Malinee Sukavejworakit  
Chairwoman  
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The Senate of Thailand

**WHO SECRETARIAT**

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Ag. National Programme Officer  
WHO/SEARO

Mr V.J. Mathew  
Senior Administrative Secretary  
WHO/SEARO



### **Annex 3**

#### **INAUGURAL SPEECH OF H.E. DR C P THAKUR MINISTER OF HEALTH, GOVERNMENT OF INDIA**

Ladies & Gentlemen,

As you all know the country is recovering from a dastardly attack on the heart of its democracy by the proponents of world terrorism recently. An alert and committed security personnel courageously overpowered them at the end. The other threat the world in general and India in particular facing is the HIV/AIDS menace which has the potential to destroy the country in a few years from now if all of us do not show same kind of courage and commitment in routing out this scourge.

HIV/AIDS has been put on the top of our government's agenda. Hon'ble Prime Minister Shri Atal Behari Vajpayee not only announced his governments' full-fledged commitment to this cause from the ramparts of Red fort but also followed it with meeting Chief Ministers of high prevalence States and also with the business community to give his guidance. My Ministry is implementing National AIDS Control Programme from 1992 and we have been able to slow down the spread of HIV and also to minimize morbidity and mortality associated with it. Not surprisingly the reported HIV positive cases are around 3.86 millions and the spreading pattern has assumed a plateau.

Governments' approach towards HIV/AIDS has been to reduce the spread of HIV by bringing about behavioral changes through appropriate IEC campaigns and to strengthen India's capacity to respond to HIV/AIDS on a long-term basis. I am happy to share with you that in a survey conducted across the country it has been found that nearly 75% of the population are aware of HIV/AIDS.

Government has started some major initiatives recently which include setting up of a voluntary counseling and testing centers in all districts and introducing treatment for prevention of mother-to-child transmission. Also we

have organized family health awareness campaign in which not only treatment for RTI and STD were given but also the target population was sensitized about HIV/AIDS. We are also taking measures to upgrade blood-bank facilities as it forms a crucial link in the spread of AIDS.

The other important issue that has attracted the attention of WHO is the mental health. In her message to mark the release of the World Health Report – 2001 on 4 October 2001, the WHO Director-General Dr Gro Harlem Brundtland had stated:

“Rare is the family that will be free from an encounter with mental disorders. One person in every four will be affected by a mental disorder at some stage of life. The risk of some disorders, including Alzheimer’s disease, increases with age. The conclusions are obvious for the world’s ageing population. The social and economic burden of mental illness is enormous”.

It was in this context that the year 2001 was declared as the year of mental health by the World Health Organization, and the theme chosen for the World Health Day 2001 was “Stop exclusion – Dare to care”.

Appropriately, therefore, this Regional Conference of Parliamentarians will focus attention on mental health and HIV/AIDS, both of which constitute major public health issues for developing as well as developed countries. Worldwide 24 million people suffer from schizophrenia, 50 million from epilepsy and 70 million from alcohol dependence. Suicides account for over a million deaths each year ten to twenty millions attempt suicide. Most of the victims, those who die as well as those who live with varying degrees of mental disability are younger adults in the most productive years of their lives, as are those affected with HIV/AIDS.

The common ground between mental illness and HIV/AIDS does not end with this demographic similarity. Over 85% of HIV/AIDS transmission occurs through unsafe sex, which is a prime manifestation of inappropriate risk-taking behavior.

Alcohol and other forms of substance abuse often constitute the psychosocial matrix underlying such risk-taking behavior. This relationship between mental disorders and HIV/AIDS is a matter of serious public health concern. At the same time it also offers us a window of opportunity, an avenue for intervention to promote primary prevention. While modifying such risk taking behavior patterns among older adults is a difficult proposition,



it is possible among adolescents and school children. This potential synergy between mental health programmes and HIV/AIDS control measures must be exploited and such psychosocial interventional strategies should become part of all adolescent/school-health endeavors.

In this context it is gratifying to note that India was perhaps the first country in the world, and certainly the first among developing countries to recognize the need to integrate mental health services with general health services at the primary care level. The National Mental Health Programme launched in 1982 aimed at the treatment of mental disorders within the community, using the existing Primary Health Centre (PHC) and Community Health Centre (CHC) staff who were trained for the purpose. A team of mental health professionals comprising a psychiatrist, clinical psychologist, psychiatric social worker and psychiatric nurse provided technical support to the District Mental Health Programme (DMHP). Efforts are underway to expand and energize this programme to cover over one hundred districts across the country. Medical college departments of psychiatry will be strengthened to improve undergraduate as well as postgraduate training. Mental Hospitals are to be modernized and streamlined to provide tertiary care of a high standard. Destigmatisation of mental illness through intensive IEC activities will be a major thrust area in this national programme. Relevant research to study the demographic and longitudinal profile of mental morbidity is expected to provide the necessary inputs for more effective mental health care delivery systems and future planning.

The availability of psychotropic drugs at reasonable cost has been ensured by our robust and innovative pharmaceutical industry and we hope to weather the fallout of globalization and the new trade environment without any major hardship to our people.

India is thus well prepared to implement the ten main recommendations of the World Health Report – 2001 relating to provision of treatment in primary care within the community, ensuring the availability of psychotropic drugs, educating the public through shared community initiatives, developing trained manpower, intersectoral linkages and meaningful research. It is hoped that the deliberations of this conference will help analyze the problems confronting our nations and evolve effective strategies for prevention as well as treatment of mental disorders and HIV/AIDS. Shared experience is a useful tutor and I hope we shall be able to learn from each other.

Thank you.

## **Annex 4**

### **WELCOME ADDRESS BY MRS POONAM KHETRAPAL SINGH DEPUTY REGIONAL DIRECTOR, WHO-SEARO**

Ladies and Gentlemen,

It is a matter of immense pride and great pleasure for all of us that this Regional Conference of Parliamentarians is being inaugurated by His Excellency Dr C P Thakur, the Honourable Minister of Health and Family Welfare of India. Excellency, your august presence on this occasion reflects the high priority that you and your government accord to the health of your people. It is unfortunate that Dr Uton Muchtar Rafei, the Regional Director of WHO South-East Asia Region could not be present today due to his prior commitments. On his behalf, I extend a very warm welcome to the honourable Minister and the distinguished parliamentarians attending this conference. The presence of Members of Parliament from all the countries of our Region at this meeting demonstrates their commitment to regional solidarity for health development. It also reflects their concern for human development.

On behalf of the participating parliamentarians as also on my own behalf, may I place on record our grateful thanks to the Government of India, especially to His Excellency Dr C P Thakur, for so graciously hosting this conference.

At the threshold of the 21<sup>st</sup> century, it would be opportune for us to take stock of our achievements and the unfinished agenda before us. What are the challenges that we now face in our Region? What are the opportunities that await to be utilized?

The unprecedented health advances over the past 50 years have afforded people a healthier life and a longer life span. After having eradicated guinea-worm disease from our Region, we are now on the verge of



eradicating polio and are working towards eliminating leprosy as a public health problem. Our efforts are also focused on eliminating neonatal tetanus and micronutrient deficiencies as public health problems.

However, while the age-old communicable diseases, such as malaria, have emerged, noncommunicable diseases, such as cancer and cardiovascular diseases, are also becoming serious public health concerns. New diseases, particularly HIV/AIDS, pose a growing threat. Mental health is fast assuming serious dimensions of concern.

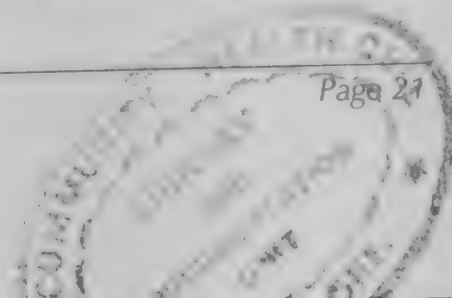
Widespread poverty and illiteracy, malnutrition and the low socioeconomic status of women seriously constrain health development in our Region. The ever-increasing population, rapid and unplanned urbanization, and industrialization are putting an immense pressure on the environment, leading to serious risks to human health. Provision of safe drinking water, basic sanitation, and safe and adequate food for millions will continue to be major challenges in the coming decades.

Notwithstanding the daunting challenges, the growing international recognition of the centrality of health to all development is a very promising trend. Today, globally, there is a much wider appreciation of the links between health and development, poverty and ill-health, health and environment and even health and globalization.

Now health is high on the agenda of the finance ministers at the annual meetings of the World Bank and IMF, as they discuss poverty and debt relief. The IMF and the World Bank are taking care to prevent a recurrence of the 1997-98 financial crisis that hit many Asian countries. Development banks are placing greater emphasis on loans that improve equity and productivity in poor countries. This means availability of larger external resources for health development.

For the first time, the UN General Assembly held a Special Session on a diseases, i.e. AIDS. Soon after, the Global Fund for AIDS and Health was established. Commitments to this Fund have already topped 1.8 billion dollars and its total size is estimated at 9 billion dollars. Plans for the Global AIDS and Health Fund were discussed at the G-8 Meeting at Genoa and subsequently by the Transitional Working Group at a number of meetings in Brussels. HIV/AIDS was on the agenda of the SEAR's Health Ministers who

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met at Maldives in August this year. It was also discussed at the recent ASEAN meeting and would be discussed at the SAARC meeting scheduled to be held in January next year.

In October this year, WHO and its partners held the first TB Partners' Forum in New York. The Global Drug Facility established earlier reiterated its aim to stop the rapid spread of tuberculosis across the planet. At this meeting, an ambitious plan of action for the next 50 months was adopted with the objective of creating a TB-Free World.

I am pleased to report that the Commission on Macroeconomics and Health, which was set up by the Director-General of WHO to highlight the economic links between health and poverty reduction, has been finalized and will be launched globally tomorrow. It affirms that although health is widely recognized both as a central goal and an important outcome of development, the importance of investing in health to promote economic development and poverty reduction is much less appreciated. The Commission has found evidence to show that extension of crucial health services to the world's poor could save millions of lives, reduce poverty, spur economic development and promote global security. It confirms that the main causes of avoidable deaths in low income countries are HIV/AIDS, malaria, tuberculosis, childhood infectious diseases, maternal and perinatal conditions, micronutrient deficiencies and tobacco-related illnesses. Control of these conditions in conjunction with enhanced programmes of family planning would lead to increased longevity of impoverished families and they would be healthier and more productive. They would have fewer children, secure in the knowledge that their children would survive. They would be able to invest more in the education and health of each child, which are vital for development.

The Commission has underlined that such an effort requires two initiatives. First, a significant scaling up of the resources currently spent in the health sector by poor countries and the donors. Second, tackling the non-financial obstacles that have limited the capacity of poor countries to deliver health services. The Commission urges each low and middle income country to establish a temporary national commission on macroeconomics and health to formulate a long term programme for scaling up essential health interventions within the overall framework in poverty reduction strategies.



The twin themes of this Conference have been selected after wide ranging consultations. HIV/AIDS has been chosen since it threatens humanity itself and the progress of human civilization. Three decades into the epidemic, we are still working towards a vaccine for HIV/AIDS. We are still struggling with the high prices of antiretroviral drugs. However, there is considerably more information on prevention. Yet, despite all we know, risk behaviour and risk environments persist and HIV continues to spread among individuals and across national borders. With very large number of people already infected in WHO's South-East Asia Region, the potential health and socioeconomic impacts of AIDS in the new millennium are a cause for serious concern. There is a compelling need to focus on effective strategies that will halt the spread of HIV. The challenges that face us are enormous.

There is, fortunately, good reason for hope. We have several success stories in our Region – use of condoms by the hundreds of sex workers in Thailand, clean syringes and universal screening of blood in Nepal for example have been successful in reducing HIV transmission.

In India, a successful HIV prevention programme is underway in Kolkata with the involvement of sex workers. The Prime Minister of India has recently reviewed the HIV situation with the chief ministers of high-prevalence states. He has also emphasized the important role of the private sector in HIV/AIDS prevention while inaugurating the Business Coalition Trust on HIV/AIDS. High level of commitment, adequate resources, a multisectoral approach and the involvement of all stakeholders are crucial for reducing HIV transmission.

The second theme of the Conference is Mental Health, which was the theme of the World Health Day 2001. The slogan "Stop exclusion – Dare to care" gave the message that there was no justification for excluding people with mental illness from our communities. The theme of the World Health Report 2001 was Mental Health giving the message of "New Understanding, New Hope". It shows how science and sensibility are combining to break down real or perceived barriers to care and cure for mental health. The report aims to raise awareness of the real burden of mental disorders and their costs in human, social and economic terms. The reason for WHO's focus on mental health is the fact that currently, about 450 million people worldwide suffer from these disorders. Mental health is of particular importance to the South-East Asia Region. There is an acute shortage of trained manpower.



Suicide rates are unacceptably high with Sri Lanka ranking seventh in the world. Appropriate drugs are not widely available, and very frequently, they are unaffordable. Vast segments of the population are deprived of the benefits of recent advances in neurosciences. In addition, there are serious problems about stigma and discrimination linked to mental disorders.

The Regional Office has organized regional conferences of Parliamentarians Conferences since 1996 to foster partnership with the people's representatives towards improving the health and well-being of the people, particularly the poor, the vulnerable, and the marginalized. Health and well-being require intersectoral planning and action: the task extends far beyond the scope of the health sector and the ministries of health. As members of parliament, you are concerned with all sectors: you shape the policies and programmes in health and education, agriculture and industry, energy and environment, transport and housing, rural and urban development to name a few. Thus, you are the natural allies of the health sector. You can highlight the significance of health and health-related sectors and work towards higher budgetary allocations for health. Being representatives of the people, you understand the real needs of the people. They are also best equipped to propose practical solutions to address these problems. Therefore, we seek your advice to guide the development of healthy public policies, intersectoral planning and action for the health and wellbeing of the people.

I hope you will find your stay comfortable in Delhi and that the arrangements for your meeting would be conducive for productive deliberations.

I once again extend a very warm welcome to all of you.

I thank you all for your attention.







